

Approved For Release 2000/04/11 : CIA-RDP64-00860R000400100054-8

PUBLIC VOUCHER FOR PURCHASES / SERVICES OTHER THAN PERSONAL

U. S. COST REIMBURSABLE
 (Department, bureau, or establishment)

PAID BY
 SAPC 7657
 COPY 1 OF 3

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1132

To _____
 (Payee)

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				19,198.56	

PAYMENT:
 Complete
 Partial
 Final

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 19,198.56

I certify that the above bill is correct and just and that payment has not been received.
 STATINTL (Sign original only) STATINTL
 Date 6-15 _____ (or bills)
 Per _____ (Signature or initials) [Signature]
 Amount verified; correct for 19,198.56
 (Payee must NOT use this space)
 Differences _____

Contract No. Contract A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

_____ account is correct and proper for payment
7/12/56 SIGN ORIGINAL ONLY
 CONTRACTING OFFICER Title _____ STATINTL
 Title _____ STATINTL Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

_____ STATINTL
 APPROVING OFFICER

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in favor of payee named above.
 { Cash, \$ _____, on _____, 19____ } Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, Inc., Secretary, New York, N. Y."
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.
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 Per _____ Title _____
 16-22900-5

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 301
 (Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		Contract A101 - Costs Applicable to all Systems					
STATINTL		Direct Costs Properly Chargeable to Contract A101 for the period 1/1/56 thru 5/27/56					STATINTL
		Labor for period from 1/1/56 thru 5/27/56					
		Overhead computed for Communications Division at interim rate of [REDACTED]					
		<u>OTHER COSTS</u>					
Item No.	P.O. No.	CK No.	Vendor	<u>Amount</u>			
1	17211	21063	Utah Rad.	41.16			
2	17662	21549	Yale	18.08			
3	17660	21624	Weather	18.08			
4	17649	21785	Fed. Purch.	18.08			
5	17759	23667	Lyton	12.19			
6	17648	23834	Elec. Supply	36.16			
7	17347	24289	Hewlett-Packard	400.00			
8	22018	26763	Precision Sheet	121.08			
			Total	664.83			664.83
			Total Labor, Overhead and Other Costs				
			G and A expense at interim rate of [REDACTED]				
			Total Costs				19,198.56 ✓
			STATINTL				
			STATINTL				
			STATINTL				